



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	PRINT NAMED APPLICANT	ATTY. DOCKET NO.
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101 = 710  
105 = 130 } Paid  
199 = 175  
1015

we need Total = 1208  
Paid 1015  
193

EXAMINER

ART UNIT PAPER NUMBER

103 = 18 x 16 = 288

102 = 80 x 1 = 80

DATE MAILED:

### 368 NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 35 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

Total Filing Fees Due = \$ 1208  
Less Filing Fees Submitted = \$ (1015)  
BALANCE DUE = \$ 193

☐ B. Fees due in connection with the amendment filed on \_\_\_\_\_

Total Fees Due = \$ \_\_\_\_\_  
Less Fees Submitted = \$ (\_\_\_\_\_)  
BALANCE DUE = \$ \_\_\_\_\_

ATTACHMENT: FORM PTO-875

\_\_\_\_\_  
Chief of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH

Fee submitted \$ \_\_\_\_\_

Signature \_\_\_\_\_

#### CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**This Form is for INTERNAL PTO USE ONLY**  
**It does NOT get mailed to the applicant.**

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/707079

### Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>				<u>355</u>		
Total Claims >20	<u>203/103</u>	<u>39</u>	-20 =	<u>19</u>	X	<u>171</u>	
Independent Claims >3	<u>202/102</u>	<u>4</u>	-3 =	<u>1</u>	X	<u>40</u>	
Mult. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>				<u>65</u>		
English Translation	<u>139</u>						

### TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 631.00

Less Filing Fees Submitted - \$ \_\_\_\_\_

BALANCE DUE = \$ 631.00

Office of Initial Patent Examination

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/707079

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	174
X40=	40
+135=	
TOTAL	566

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.